

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000090410**

1. Entity Name  
**MILL POND RANCH, INC.**



Principal Place of Business  
**1050 SOUTHEAST SIXTH STREET  
LAKE BUTLER, FL 32054**

Mailing Address  
**POST OFFICE BOX 311  
LAKE BUTLER, FL 32054**



05092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3482684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PRITCHETT, MARVIN H  
1050 SOUTHEAST SIXTH STREET  
LAKE BUTLER, FL 32054**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	PRITCHETT, MARVIN H
STREET ADDRESS	POST OFFICE BOX 311
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	DS
NAME	WHITEHEAD, GERALD M
STREET ADDRESS	ROUTE 1, BOX 477W
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	DS
NAME	WHITEHEAD, JOHN H JR
STREET ADDRESS	ROUTE 1, BOX 474
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	PRITCHETT, JON W
STREET ADDRESS	POST OFFICE BOX 311 N/A
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	PRITCHETT, PHILLIP W
STREET ADDRESS	POST OFFICE BOX 311
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000766419  
06/19/07-80002-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/2007  
Date

386-496-2630  
Daytime Phone #